FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

lowa Elhics and Campaign Disclosure Board 510 E. 12th, Sie. 1A Des Molnes, lowe 50319 Fax: 515-281-4073

File with:

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

JA ETHES AND Campaign desclosure p

electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Or	genization)	7
DUTCHER FOR COUNC	2iL	DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting to (1) Statewide/Legisletive/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cardidate (6) C	(2)State PAC (3)State Party	(Rev. 12/2009) REPORT
11) Local Ballot leave	of Board or Other Political Subdivision PAC (For Office Use Only Comm. #
CANDIDATE COMMITTEES ONLY: Candidate Name ()AN () TCHEL	Political Party (If applicable)	Logged In Scanned BW
Office Sought EEE CITY COUNCIL	District (If Senate or House)	Computer
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of	ursuant to lows Code sections 688.32A(7) committee, is the individual responsible for	and 66A.401(3), the candidate, for a filling timely and accurate raports.
you Vieter	515-411-4284 TELEPHONE	Z-7-2011
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNED
IAM FILING A 12-31-10	REPORT FOR (1) ELECTION /(2)	NON-ELECTION VEAR
(report date)	Indicate by # Z	
□CHECK IF AMENDMENT TO REPORT DATED		pl Committees, enter Date of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	OVENTIFIE 3 ZOO9 nly & Local Committees, enter County in sheld VALLAS
STATEMENT OF CASH ON HAN		
CASH ON HAND at the beginning of the reporting period. (T	D otal of all funds held by the	
CASH ON HAND at the beginning of the reporting period. (T	D otal of all funds held by the	\$ <u>1,010.45</u>
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is: ADD TOTAL MONEY TAKEN IN THIS PERIOD	D otal of all funds held by the cash on hand at the end first raport filed.)	\$ <u>1,010.45</u>
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CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is a ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A. Cash Contributions total (Attach Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attachedule H: Total Sales of Campaign Property (Attachedule H: Attach Schedule H: Attach Schedule H: Attach Schedule H: Attach Schedule B: Expenditures total (Attach Schedule B: Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (If final remunication) Bills (From Schedule D - Attach Schedule CASH ON TRIBUTIONS (From Schedule E - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Altached?) GANDIDATE COMMITTEES ONLY:	otal of all funds held by the cash on hand at the end first report filed.) dule A) ("also see in-kind below)	1,010.45 1,650.00 1,052.90 3,713.35 3,602.90
CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is a ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A. Cash Contributions total (Attach Schedule Schedule F: Loans Received total (Attach Schedule Schedule H: Total Sales of Campaign Property (Attachedule H: Total Sales of Campaign Property (Attachedule H: Attach Schedule H: Attach Schedule H: Attach Schedule H: Attach Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (If final repulped Bills (From Schedule D - Attach Schedule D)	otal of all funds held by the cash on hand at the end first report filed.) dule A) ("also see in-kind below)	1,010.45 1,650.00 1,052.90 3,713.35 3,602.90 110.45 110.45

For Instructions, See Back of Form	 SCHEDULE		1
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization) PUTCHEL FOR COUNCIL		CK THIS BOX IF NOING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
1-15-10	ID#	WILLIAM C. ENAPP-POLIFICAL M945 WESTOWN PALKWAY STE LOC WEST DES MOINES, TA SOZGO		\$500.00	INCOME
1-15-10	iD#	WILLIAM C. KNAPP TI SEZI NW 70th PL JOHNSTON, TA SO131-1254		250.00	
1-15-10	ID#	CHLIS COSTA 7818 MINOR CILCIE WEST DES MOINES, TA GOZIGO		100.00	
1-15-10	ID# CK#	GELALD D. NEULENT ZNIO PAIK AUE. DES MOINES, TA SOSTI-1508		750.00	
1-31-10	ID# CK#	PHYLLIG RUPPLECHT 1771 GLEN OAKS PR WEST DES MOINES EN GOTH-12			
2-15-10	ID#	LIFE TYLER 33+5 WATELBEHN CILCLE WANKEE TH BOZG3	llo	750,00 200,00	
2-28-10	ID# CK#	MACK RUSPLECHT 1174 BILL BAK DL WEST THE NOWES TA \$166	•	100,00	
	ID#	Supplied that the supplied to		100,00	
	ID#				
	ID# CK#				
			SUB-TOTAL	1160	

TOTAL (If last page of this schedule)

Page _____of __/ (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguintly (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM	FOR	INSTR	UCTIONS.	SEE RA	CK OF	FORM
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SCHEDULE
B MOI
(Rev. 07/03) EXPE

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DUTCHEL FOR COUNCIL

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
i-B-10	ID# CK#	CLENTIVE LEAP TUL. 10200 HILBURN COURT GUITE 100 CLIVE, THE SORES	CAMPAIGN MATERIAL	\$ /000.00
-79-10	ID# CK#	CLEATURE LEAF THE 100,000 HICKAUN COUNT SUITE 100 CLIVE TH 50375	CAMPALON MATERIAN	1000.00
3-3-10	ID# CK#	CLEATIVE LEAP TOU. 10200 HICKAUN COUNT WITE LOO CLIVE TA SONG	CAMPAIGN MATERIA	450.00
3-30-10	ID# CK#	CLIVE TA SORES	CAMPALGN MATERIAL	1052.90
	ID# CK#			
	ID# CK#		·	
	ID# CK#			
	ID# CK#			

TOTAL (if last page of this schedule)

\$3602.90 \$3602.90

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain compaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, edvertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(1).)

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Page	/	of	/	

COMMITTEE NAME(Must be same as on Statement of Organization)

DUTCHEL FOR COUNCIL

FOR INSTRUCTIONS, SEE BACK OF FORM

LOANS RECEIVED & REPAID

8CHEDULE

(Rev. 02/08)

F

TE: This sched	alo reports money loaned to the committee which is deposited in t	ommittee account.	CHECK THIS BOX AMENDING FORM
RT I - MONETA (Origina)	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is involved.	red. Include loans from candida	te's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
8-27-10	DAN VUTCHER GTS SE SOUTHFOLK DR WAUKEE TH SOZG3	SELF	1052.90
· · · · · ·		TOTAL (PART I)	:1062.90
RT II - MONET	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD	,	
DATE PAID	ngiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	rgiven must be reported on Schedule E In-kind Contributions.)		
DATE PAID	ngiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	ngiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	ngiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans n	ngiven must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Enggraer's Name, If Applicable) TOTAL CASH REP	RELATIONSHIP TO CANDIDATE* (If Applicable) AYMENTS (PART II)	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) AYMENTS (PART II)	AMOUNT REPAID